



Men of Action, Inc. Presents The Quest

Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-Mail Address: _____

Grade Level: _____ Date of Birth: _____ Age: _____

List any physical, psychiatric or medical conditions we should know about:

_____ Do you take Dr. ordered medication? Y N

COMMITMENTS

- I understand I am making a commitment to be prepared for and attend the Quest Weekend on _____.
- I understand the Quest Weekend may take place in a wilderness setting and will be physically demanding. I agree to follow all rules and directions given me by The Quest staff or adult volunteers.
- I agree to participate fully and to complete the entire weekend program.
- I will not bring any electronic equipment, non-prescription drugs, illegal materials, weapons, tobacco or alcohol.
- I will ensure safety for me and other young men at all times.

(Answer the following on the back of this form or on a separate sheet on paper)

- What is the difference between being a boy and being a man?
- What do you need to get there?

I have read and agree to all of the terms and conditions set forth this Registration form.

Participant Signature: _____ Date _____

The Quest is Sponsored by Men of Action, Inc.

A 501 C3 non-profit Corporation-Serving Men of all ages

For more information contact:

Rob Ramage @ 503-781-1279 or Tony Alferez @ 503-803-1654

or email us at menofaction@yahoo.com



TUITION (Circle the appropriate choice.)

Cash Check; # _____ Money Order Cashier's Ck MC Visa
Credit Card # _____

Code # from the back of the card required _____ Exp. Date: ____

Name as shown on the Card _____

Billing address of the Card Owner _____

Cardholder Signature: _____ Phone: _____

Print full name _____

All information requested above must be complete, legible, and accurate or the tuition will be considered unpaid. The tuition for the event is \$250; Payment in full is required at the time of registration. Make checks payable to "Men of Action, Inc". Cancellations will receive credit toward future events only and must be received no later than 14 days prior to the event. An additional fee of \$20 will be charged for registration forms received the day of the event and /or for returned checks.

Parent/Guardian Information (required for all Minors)

Your Name: _____ Relationship to participant: _____

Address (if different from participant) _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Emergency Contact Name _____ Relationship: _____

Phone: _____ Phone 2 _____

I have read and agree to all of the terms and conditions set forth within this Registration form.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

Sponsor Agreement

Sponsor Name: _____ Home Phone: _____

Cell Phone: _____ Address: _____

I understand that I am making a commitment to support this young man in his participation in The Quest. I will remain in contact with him from now until the weekend. I will ensure that his transportation to and from the weekend is taken care of.

Sponsor Signature: _____ Date _____

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**PARENTS, LEGAL GUARDIAN or PARTICIPANT (if adult):
PLEASE READ THE FOLLOWING TERMS, CONDITIONS & AGREEMENTS CAREFULLY.**

You will receive an acknowledgement upon approval of your completed Registration Form. A letter with the necessary equipment and clothing needs as well as the site address and directions will be given to you before the weekend. Meals and snacks will be provided for all participants during the weekend.

SAFETY

For the safety and comfort of all the participants, it is important that parents or legal guardians and participants understand and agree to all information herein. Participants must obey safety rules established for the Young Men's Action Weekend™ (hereinafter referred to as "THE QUEST") at all times. Abusive, destructive, violent or unsafe behavior, vandalism, excessive swearing or theft will not be tolerated. Violation of these rules or other rules as directed by The Quests staff will result in dismissal from the weekend without a refund of any kind. Any costs to transport the participant home will be borne by the parents or legal guardian.

ASSUMPTION OF RISK

I confirm that I have/the Participant has voluntarily agreed to participate in The Quest. I/We understand that the QUEST may take place in a wilderness setting and may include such activities as hiking, campfires, games, using tools, swimming and traveling to and from the site and possibly other activities. I understand that the activities involved in the QUEST will be physically demanding at times, and that personal injuries or property damage may occur. I understand that not all of the risks associated with group activities occurring during the weekend are known or predictable. I have no reservation about my/the Participant's physical fitness or health that would prevent me/him from participating in demanding activities, except as noted on the first page of the QUEST Registration Form or the Medical Information Form. In addition to authorizing participant to participate in the QUEST, I/We authorize the participant to participate in any post weekend program or event with the understanding that all of the terms and conditions contained on this form will apply.

RELEASE

I acknowledge the risks inherent in the above mentioned settings & activities & recognize that serious personal injuries, damage to personal property or even death may occur. I agree to accept these risks. I/We, for myself, my spouse, any child, and on behalf of my-our heirs, assigns, personal representatives & next of kin, specifically and forever release and discharge any & all claims for damages I may have or which may occur to me or my children as a result of my/his participation in this event, The Quest's event managers, organizers, volunteers, Men of Action Inc. officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, owners and lessors of premises used to conduct the event, from any and all actions as they relate to injury, disability, death, loss or damage to person or property, whether arising from negligence of the releases or otherwise to the fullest extent of the law. These actions include obligations, costs, expenses, attorney's fees, damages, loss, claims, liabilities and demands of whatever nature, known or unknown, suspected or unsuspected, predictable or unpredictable, arising directly or indirectly related to Participant's participation in the Weekend.

CONSENT TO VIDEOTAPING

I/We understand that the weekend may be photographed, videotaped, and/or audio taped by our Weekend staff, and the QUEST does hereby have my permission to use the photographs, videotapes and/or audiotapes in any way the QUEST's Production Team chooses and I/We have no rights to any compensation or remuneration of any kind.

ARBITRATION CLAUSE

I agree to have any claim, controversy or dispute relating to the enforcement or interpretation of this document or arising or relating to my/Participant's attendance at the QUEST, submitted to binding arbitration under the rules and regulations of the American Arbitration Association. The arbitration shall take place in Portland, Oregon. I do hereby waive my right to bring an action before a judge or jury in any court and I understand that I am giving up my rights to discovery and appeal. Any award rendered in any arbitration may be made by a judgment by any court of competent jurisdiction. I understand that if I refuse to submit to arbitration after agreeing to the provision, I may be compelled to arbitrate under the authority of the Oregon Code of Civil Procedure.

EMERGENCY MEDICAL TREATMENT AUTHORIZATION FOR MINORS

In the event of an emergency, injury, or illness to my child, I understand that reasonable effort will be made to contact me, my spouse, or next of kin (if an adult) by means of telephone as listed on the registration form. In the event I cannot be reached, or our own doctor is not readily available, I hereby authorize a representative from Men of Action, Inc. and or The Quest Production Team to act as agent with full power in my name to take The Participant to the closest appropriate medical facility for evaluation and treatment. Treatment could include anesthesia, surgery, or injection of medication for my child (or for me, if adult). I agree to be responsible for the payment of the emergency medical treatment.

This document contains all of the agreements & understandings between the parties & no representation other than those contained herein have been relied upon by any of the parties. This agreement shall be construed in accordance with the laws of the State of Oregon. In the event that any provision herein shall become unenforceable or declared invalid the remaining provisions shall remain in full effect. I hereby acknowledge that I have carefully read and that I understand the terms and conditions of the above agreement. I have read and am aware that this is a release from liability regarding the parties listed above and an assumption of risk by me.

Signed Parent/Legal guardian _____ DATE: _____

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